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CONFIRMATION NO. 9863

<b>SERIAL NUMBER</b> 10/567,372	<b>FILING or 371(c) DATE</b> 04/13/2007 <b>RULE</b>	<b>CLASS</b> <del>248</del> 128	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 5100-000032/US	
<b>APPLICANTS</b> Jozef Frans Nelissen, Nijlen, BELGIUM; <b>** CONTINUING DATA ***** YES, O.H.</b> This application is a 371 of PCT/BE04/00112 08/04/2004 <b>** FOREIGN APPLICATIONS ***** YES, O.H.</b> BELGIUM 2003/0441 08/08/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 03/01/2008					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /OPHELIA ALTHEA Acknowledged HAWTHORNE/ Examiner's Signature	<input type="checkbox"/> Met after Allowance OAH Initials	<b>STATE OR COUNTRY</b> BELGIUM	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 15 <del>10</del>	<b>INDEPENDENT CLAIMS</b> 2 <del>1</del>
<b>ADDRESS</b> HARNESS, DICKEY & PIERCE, P.L.C. P.O. BOX 8910 RESTON, VA 20195 UNITED STATES					
<b>TITLE</b> Device For Treating Nighttime Breathing Problems					
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		